C190905



Missouri Ethics Commission (MEC) PO Box 1370, Jefferson City MO 65102, Fax: 573-526-4506, helpdesk@mec.mo.gov

Statement of Committee Organization

Missouri	Ethics Commission
	Deffice Usern

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1. Statement Information					
	Date: 4/9/2022	÷		2	
	Type: 🗌 New 🗏 Amend	led (if amending, enter MEC ID $\overline{ extstyle C1}$	90905 & section c	hanged 3, 5,6	
2.	Committee Information	<u>, , , , , , , , , , , , , , , , , , , </u>			
	Friends for Ed Lev	 vis			
	Name of Committee				
	PO Box 53 Mobe	rlv. MO 65270		(660)676.3598	
	Committee Mailing Address, City, State, &			Telephone Number	
	• • "		Randolph Country	/ Terri Maddox	
	Official Committee Email Address		<u></u>	oners, or Federal PAC/Out of State Committee	
	Committee Type: Camp	paign 🗏 Candidate 🗀 Continuing	g (PAC) □ Debt Service □ Exp	ploratory 🔲 Political Party	
3. Treasurer/Deputy Treasurer Information					
	Sherry Russell		· · · · · · · · · · · · · · · · · · ·		
	Treasurer's Name (First & Last)		Treasurer's Email Address (optional)		
	1019 County Road 1	635 Cairo, Mo 65239	(660 \ 651-0037	(660)295-4213	
	Treasurer's Mailing Address, City, State, &	Zip	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number	
	Sarah M. Lewis				
	Deputy Treasurer's Name (if one appointed	d)	Deputy Treasurer's Email Address (option	al)	
	322 Epperson St.	Moberly, MO 65270	(660)676-6237	()	
	Deputy Treasurer's Mailing Address, City, S	State, & Zip	Dep. Treasurer's Home Telephone Number	er Dep. Treasurer's Work Telephone Number	
л	Additional Committee Info	rmation			
4.				 	
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	Additional Committee Officer's Name & Ti	rie (IT any)	Additional Committee Officer's Mahing Ad	Ameridment	
	Connected Organization's Name (if any)		Connected Organization's Mailing Addres		
	`ANDIDATES: Do you have more than one candidate committee?		PP? TVPs Irefer to instructions of	□ Vas /refer to instructions on back\ □ Na	
CANDIDATES: Do you have more than one candidate committee?					
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6.		posed (candidate committees mu			
	Ed Lewis 322 Epperson S	St. Moberly, MO 65270	(660)676-3598	()	
	Name & Mailing Address, City, State & Zip		Telephone Number (Candidate Committe	es Only)	
	8-2-2022	State Representative Dist. 6	Republican		
	Election Date	Office Sought & Political Subdivision	Political Party	Support or Oppose	
7. Ballot Measure Supported or Opposed (campaign committees must complete this section)					
	Name of Ballot Measure		Election Date & Political Subdivision	Support or Oppose	
8.	Signature(s) - Check certifi	cation(s) & sign (required by all co	mmittees)		
■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and					
		am aware that any false statement			
		1.11	51 day		
	Market King	1 1 D // V	5/ 20,000		

Candidate (Candidate Committees Only)